

City of Riverside

Community Development Block Grant Needs Assessment Survey

The City of Riverside receives federal funds each year for housing and community development projects and programs. The City wants you to have a voice in how the City invests this money. Please help your community and the City by completing and returning this survey no later than Friday, February 17, 2006 to the following address:

City of Riverside Development Department
3900 Main Street, 5th Floor, Riverside, CA 92522
Phone: (951) 826-5879 Facsimile: (951) 826-2233

DIRECTIONS: *The following is a list of area needs and eligible programs to help meet the needs that the community identifies. How important do you think the following items are to your neighborhood? Using the table below, circle the appropriate number using the following ratings:*

1 = MOST important

2 = MODERATELY important

3 = NOT important

AREA NEEDS AND PROGRAMS	LEVEL OF IMPORTANCE			AREA NEEDS AND PROGRAMS	LEVEL OF IMPORTANCE		
Community Facilities				Community Services			
Senior Centers	1	2	3	Senior Activities	1	2	3
Youth Centers	1	2	3	Youth Activities	1	2	3
Child Care Centers	1	2	3	Child Care Services	1	2	3
Park & Recreational Facilities	1	2	3	Transportation Services	1	2	3
Health Care Facilities	1	2	3	Anti-Crime Programs	1	2	3
Community Centers	1	2	3	Health Services	1	2	3
Libraries	1	2	3	Mental Health Services	1	2	3
Other:	1	2	3	Legal Services	1	2	3
				Community Organizing Support Svcs.	1	2	3
				Other:	1	2	3
Infrastructure				Neighborhood Services			
Drainage Improvement	1	2	3	Tree Planting/Trimming/Removal	1	2	3
Water/Sewer Improvement	1	2	3	Trash & Debris Removal	1	2	3
Street/Alley Improvement	1	2	3	Graffiti Removal	1	2	3
Street Lighting	1	2	3	Code Enforcement	1	2	3
Sidewalk Improvements	1	2	3	Parking Facilities	1	2	3
Other:	1	2	3	Other:	1	2	3
Special Needs Services				Businesses & Jobs			
Centers/Services for Disabled	1	2	3	Start-up Business Assistance	1	2	3
Accessibility Improvements	1	2	3	Small Business Loans	1	2	3
Domestic Violence Services	1	2	3	Job Creation/Retention	1	2	3
Substance Abuse Services	1	2	3	Employment Training	1	2	3
Homeless Shelters/Services	1	2	3	Commercial/Industrial Rehabilitation	1	2	3
HIV/AIDS Centers & Services	1	2	3	Facade Improvements	1	2	3
Neglected/Abused Children Services	1	2	3	Business Mentoring	1	2	3
Other:	1	2	3	Other:	1	2	3

Name & Address: _____

THANK YOU FOR COMPLETING THIS SURVEY!